

PASS THIS CARD ALONG TO A FRIEND. AND WE'LL SEND THEM THEIR OWN MARLBORO COUNTRY STORE GEAR CATALOG.

OFFER LIMITED TO SMOKERS 21 YEARS OF AGE OR OLDER.

1. What is your regular brand of cigarettes—that is, the brand you smoke most often?

(Brand)

2. Is your regular brand...? (Check one.)

- ☐ Menthol ☐ Non-Menthol

3. Do you usually buy it by the...? (Check one.)

- ☐ Pack ☐ Carton ☐ Both ways

4. Is your regular brand...? (Check one.)

- ☐ Lowest/1mg. Tar ☐ Ultra/Extra Low Tar ☐ Full Flavor
☐ Light/Mild ☐ Medium

5. How long have you smoked this brand?

- ☐ Less than 1 year ☐ 1 to 2 years ☐ 2 to 3 years
☐ 3 to 5 years ☐ Over 5 years

6. Which other brands would you consider buying? (Check all that apply.)

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Alpine | <input type="checkbox"/> GPC | <input type="checkbox"/> Pyramid |
| <input type="checkbox"/> Basic | <input type="checkbox"/> Kent | <input type="checkbox"/> Raleigh Extra |
| <input type="checkbox"/> Benson & Hedges | <input type="checkbox"/> Kool | <input type="checkbox"/> Salem |
| <input type="checkbox"/> Best Buy | <input type="checkbox"/> Magna | <input type="checkbox"/> Sterling |
| <input type="checkbox"/> Best Value | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Store Brand/
Generic |
| <input type="checkbox"/> Bristol | <input type="checkbox"/> Merit | <input type="checkbox"/> Superslims |
| <input type="checkbox"/> Bucks | <input type="checkbox"/> Misty | <input type="checkbox"/> True |
| <input type="checkbox"/> Cambridge | <input type="checkbox"/> Monarch | <input type="checkbox"/> Vantage |
| <input type="checkbox"/> Camel | <input type="checkbox"/> Montclair | <input type="checkbox"/> Viceroy |
| <input type="checkbox"/> Capri | <input type="checkbox"/> More | <input type="checkbox"/> Virginia Slims |
| <input type="checkbox"/> Carlton | <input type="checkbox"/> Newport | <input type="checkbox"/> Winston |
| <input type="checkbox"/> Doral | <input type="checkbox"/> Now | |
| <input type="checkbox"/> None | <input type="checkbox"/> Parliament | |
| | <input type="checkbox"/> Other _____ | |

☐ Mr.

☐ Ms.

☐ Mrs.

First

M.I.

Last

Address _____

Apt. # _____

City _____

State _____

ZIP _____

Phone () _____

Birth Date _____

(Required)

☐ Male ☐ Female

By responding to the above survey and signing below, I certify that I am a cigarette smoker 21 years of age or older. I am also willing to receive free cigarettes and branded incentive items in the mail, subject to applicable state and federal law. Certain offers void in Kansas and wherever else prohibited.

Signature _____

(Required)

P0002421

FILL OUT FORM, FOLD, SEAL AND MAIL BEFORE SEPTEMBER 30, 1994.



SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

70817-A1

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16 mg "tar," 1.1 mg nicotine av. per cigarette by FTC method.

MOISTEN HERE TO SEAL